Author's response to reviews

Title: Management of a Gluteal Region Impalement Injury Caused by Three Reinforced Aluminum Bars: A Case Report

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Version: 3 Date: 5 November 2013

Author's response to reviews: see over
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Version: 1 Date: 5 November 2013
Author's response to reviews: see over
Reviewer's report

Title: Management of a Gluteal Region Impalement Injury Involving Three Reinforced Aluminum Bars: A Case Report

Version: 1 Date: 29 September 2013

Reviewer: Hidemichi Suyama

Which of the following following best describes what type of case report this is?: Presentations, diagnoses and/or management of new and emerging diseases

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: No

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

As for this case report, MDCTA was useful for a seriously ill traumatic diagnosis. And PMX-DHP was useful as treatment after the damage in the abdominal cavity with pollutant.

Unidentified points in an episode of care:

How much is the amount of bleeding?

The sentence has been changed in the manuscript and appears as follows:
The total volume of intraoperative bleeding was 4,000 ml, and 12 units of red cell concentrate and 6 units of fresh frozen plasma were transfused.

Having artificial respiration management or not? If needed it; the period?

The sentence has been changed in the manuscript and appears as follows:
After the surgery, he was admitted to the intensive care unit under endotracheal intubation and mechanical ventilation. Dopamine therapy was initiated, followed by PMX-DHP for the septic shock. The patient initially received 8 µg/kg/min of dopamine, and he was weaned off the catecholamine during the first 2 h of PMX-DHP therapy, which resulted in stabilization of the patient’s hemodynamic condition after 2 h. Daily peritoneal lavage was performed for several days, along with a colostomy. He was
extubated on day 15 of admission and shifted to a general ward on day of 16.

Is PMX-DHP two of them by the enforcement for two hours? Does it take effect for a long time?

The sentence has been changed in the manuscript and appears as follows:
The patient initially received 8 µg/kg/min of dopamine, and he was weaned off the catecholamine during the first 2 h of PMX-DHP therapy, which resulted in stabilization of the patient’s hemodynamic condition after 2 h.

Some reports that MDCTA is useful for a surgery method decision are accepted by a severe injury. In addition, by the human trunk damage with the gastrointestinal perforation or pollutant, the report that an early start of PMX-DHP is useful is accepted. But, as for the use of PMX-DHP, there is not so much number of the reports because it is performed in limited area (Japan and a part of Europe etc.). Therefore, the report using PMX-DHP is not found in a part of the treatment strategy for a severe injury very much. In the university hospital and critical care center of Japan, the treatment strategy such as this case may have been already performed. However, it is necessary to repeat a case report to have you generally recognize the usefulness of a series of treatment strategies for the injury case such as this case.

Quality of written English: Acceptable

Declaration of competing interests:
I declare that I have no competing interests.
Reviewer's report

Title: Management of a Gluteal Region Impalement Injury Involving Three Reinforced Aluminum Bars: A Case Report

Version: 1 Date: 15 October 2013

Reviewer: Pavel Michalek

Which of the following best describes what type of case report this is?: An unexpected event in the course of observing or treating a patient

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

- Authors should report whether any intensive care was applied to this patient - tracheal intubation, controlled ventilation, vasopressor support.

The sentence has been changed in the manuscript and appears as follows:

After the surgery, he was admitted to the intensive care unit under endotracheal intubation and mechanical ventilation. Dopamine therapy was initiated, followed by PMX-DHP for the septic shock. The patient initially received 8 µg/kg/min of dopamine, and he was weaned off the catecholamine during the first 2 h of PMX-DHP therapy, which resulted in stabilization of the patient’s hemodynamic condition after 2 h.

- Report number of days in the ICU

The sentence has been changed in the manuscript and appears as follows:

He was extubated on day 15 of admission and shifted to a general ward on day of 16.

- Report estimated blood loss and type and total amount of blood derivatives

Given

The sentence has been changed in the manuscript and appears as follows:

The total volume of intraoperative bleeding was 4,000 ml, and 12 units of red cell concentrate and 6 units of fresh frozen plasma were transfused.

- Neurological symptomatology resulting from trauma to the spinal cord is very
interesting and it should be reported in detail including quality of recovery or neurological deficit at discharge from hospital.

The sentence has been changed in the manuscript and appears as follows:
Although motor and sensory disturbances were observed below the L3 level, there were no complications, including meningitis or abscess formation. He developed a neurogenic bladder, which was managed by intermittent catheterization. On day 191 of admission, the patient was discharged with motor and sensory disturbances below the L3 level. He was bound to a wheelchair and depended on assistance from others for daily activities.

Conclusions:
= it cannot be said that "postoperative aggressive critical care including PMX-DHP is effective for treating anorectal injuries" based on one report only.

The sentence has been changed in the manuscript and appears as follows:
In patients with multiple gluteal impalement injuries, preoperative evaluation with MDCTA is warranted and, while PMX-DHP is suggested as an aggressive, adjunct, critical care modality for treating anorectal injuries.

Quality of written English: Acceptable

Declaration of competing interests:
I declare I have no competing interests.